V. S. No. 1 N. B.

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01461
1. PLACE OF DEATH	<u> </u>
County Calvert	Registration Dist. No. 51
Village or City (2 roomes Island	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Glory	<u> </u>
(a) Residence: No. / Produces (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)	21. DATE OF DEATH
M. Ringle	(Monday) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	
6. DATE OF BIRTH (month, day, and year) 2/23/32	I last saw h alive on
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
l day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as 1970ws:
8. Trade, profession, or particular kind of work done, as SPINNER,	f f
	Still Form
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
Ono Date deceased last worked at II, Total time (years)	
this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Red,	
13. NAME howood Elleon.	
13. NAME Vowood Cleott 14. BIRTHPLACE (eity or town).	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME (See Mester 16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFDRMANT Not word Ellevet (Address)	Specify whether injury occurred in INOUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 2/ 2	Manner of injury
Place None Date 12 1932	Nature of injury
19. UNDERTAKER Normand Elliont (Address)	24. Wes disease or injury in any way related to occupation of deceased?
2/ 3 30 //	If so, specify (Signed) & dood Trearles M. D.
20. FILED 2 3 , 19.32 Pegistrar.	(Address) Prince I releval, Med.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:		
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

K	item o	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	1
	. Every	ICIANS	tement	
2	CORD	PHYS	et sta	
U	T RE	LY.	Ex:	
MARGIN RESERVED FOR BINDING	B WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item o	ACTI	assified.	
BIN	PER	1 EX	rly cl	cate.
FOR	V SI	state	prope	certifi
ED	HIS	pe	pe	Jo
SERV	NK-T	pluods	it may	TION is very important. See instructions on back of certificate.
RE	INGI	AGE	o that	tions (
RGIN	(FAD)	olied.	rms, s	nstruc
MA	I U	Idns	in te	See ii
7	WITI	efully	in pla	ant.
	INLY,	be car	EATH	imports
	PLA	plnor	OF DI	Verv
No. 1	RITE	tion sl	USE	SI NC
No. 1	3.—W	ma	CA	TT
			1	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Calvet	Registration Dist. No. 37
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Williams Va	ue.
(a) Residence: No. Seculary Lucy (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) """ """ """ """ """ """ """	21. DATE OF DEATH July (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eath Carroll, Hance	22. I HEREBY CERTIFY, That I attended deceased from 1932, to July 7, 1932.
6. DATE OF BIRTH (month, day, and year)	I last saw h. alive on 1932; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated abova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trada profession or particular	Visionia Comas
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	
O Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation coupation	
12. BIRTHPLACE (city or town) (State or country)	Other Coutributury Canses of importance:
II 13. NAME Go, W. Hause	Chronic Mipling lis
13. NAME J. W. Hace 14. BIRTHPLACE (city or town).	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME Lydia Bores 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
2 (State or country) What.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) / fresiling lusin	
18. BURIAL, CREMATION, OR REMOVAL Place 13	Manner of injury
19. UNDERTAKER N. J. Antohino (Address) Owings. Med	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED J. S., 19.3ke JUF wills Registrar.	(Signed) M. D. (Address) Acceptance M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. Bo. 1.

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	Example I		Example II	
The principal cause of importance were	principal cause of death and related causes portance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of cpilepsy	1 wcck ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 2 1932	July 5, 1927	Peritonitis	3 days ago
	BURRAUVS			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

STATE OF MARYLAND—CERTIFICATE OF DEATH (11462

1. PLACE OF DEATH	126
County Calvert	Registration Dist. No. 50
Village or City Preuce Grederich	No. Calvert Country) to hital St. Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
0.116	ds. How long In U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Vacuura Johnson	n stugate
(a) Residence: No. A Manual (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Felt, 22, 198, 27, (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of	
(or) WIFE of Lusana 6. Hayden	I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov. 20-1869	I last saw h. 1.74 alive on Feb. 21, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 9-35A m.
62 3 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Date of one et
SAWYER, BODKKEEPER, etc. 9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	Moletthoses
11. Total time (years)	
this occupation (month and year) spent in this occupation occupation	Discount of the second of the
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of Importance:
(State or country)	. That pulling (post operature) 2 days
13. NAME Richard Johnson Jay	ley
14. BIRTHPLACE (city or town) Manyland	Name of operation Cholecyptoslomy Date of 2/90/32
(State of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME (Cozetta Mattingly 16. BIRTHPLACE (city or town) - Maryedick (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Inollinus Thursday	Where did injury occur? (Specify city or town, county and State)
(Address) following mid	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 311517 Date /23 ,1932	Nature of injury
19. UNDERTAKER arthur Harkness	24. Was disease or injury in any way related to occupation of deceased? 200
(Address)	If so, specify
20. FILED 77, 1932 NV (05) 05(1) Registrar.	(Signed) 6 . (1. Common M. D. M. D. (Address) Solomans . Med
Reguirar.	(NUUICOO)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUBERT V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1) 41,4
1. PLACE OF DEATH	3
County Calmert	Registration Dist. No.
Village or City & ullow	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME With Jones	
(a) Residence: No. 1/ 182	St., Ward.
(Usuarplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
C DATE OF DIDTH (month day and was 7 % & 9 1937	
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME (State of country) 17. INFORMANT (State of country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
(Address) 18. BURIAL, CREMATION, OF REMOVAL Place Detection of Detection 10, 19 8 7	Manner of Injury
19. UNDERTAKER Share Brown (Address) 20. FILEO 17 , 1932 Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)

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NUREAU S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

B	item of infor-	S should state	of OCCUPA-	1
•	RECORD. Every	7. PHYSICIAN	Exact statement	
R BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ficate.
MARGIN RESERVED FOR BINDING	INK-THIS IS	E should be stat	at it may be prol	TION is very important. See instructions on back of certificate.
MARGIN R	TH UNFADING	ly supplied. AG	lain terms, so the	See instructions
•	PLAINLY, WI'	hould be careful	OF DEATH in p	very important.
	-WRITE	mation s	CAUSE	TION is

STATE OF MARYLAND-	CERTIFICATE OF DEATH 01465
1. PLACE OF DEATH	82-0
County Galvert	Registration Dist. No.
Village or City Clevet.	
P. D. (If	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary 4. Kent	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Price the word)	21. DATE OF DEATH 2 4 2 5
Timely Calond Wifewed.	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO ot	AND THE PERMITTEN THAT IS A STATE OF THE PERMITTEN THE PERMITTEN THAT IS A STATE OF THE PERMITTEN THE PERMITTEN THE PERMITTEN THAT IS A STATE OF THE PERMITTEN THE PERMI
(or) WIFE of Jeo. Tent.	22. 1 HEREBY CERTIFY, That I attanded deceased from
Jan 18 1870	Hast saw har alive on 26 23 1972 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 3 4 m
1 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or partitudes	were as tollows:
Sind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	apoplexy 1932
9. Industry or business in which	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked et this occupation (month and	
0 10. Data deceased last worked et this occupation (month and spant in this	
yaar) occupation	Othar Contributory Cause of importance:
12. BIRTHPLACE (city or town) arthur my	7-1-
(State or country)	July pulintion 1921
13. NAME Sept Denner, 14. BIRTHPLACE (city or town) Ox for d.	
14. BIRTHPLACE (city or town) Ox ford	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an aulopsy? 226
15. MAIOEN NAME Sally	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Que for	Accident, suicide, or homicida?Oata of Injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Huward Stews	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Clery,	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Tuelers Impel. Oata MM Cho., 1930.	Nature of injury
19. UNDERTAKER Triber Sewell	24. Was diseasa or injury in any way related to occupation of deceased?
(Addrass) Nonep. 70. mx	If so, specify
20, FILED March 1d-1929 A Change, hegy	(Signed) Ousery M. O.
Registrar//	(Address) / My Tudened My

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAG MA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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PLACE OF DEATH County alvent	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Appendix Tana	St.: Ward) (If death occurred in a hospital or institution, give its NAME isstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Cal SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 7 28 14, 1937
6 DATE OF BIRTH Out 9, 188	(Month) (Day) (Year)
(Month) (Day) (Year) 7 AGE If LESS than I dayhrs.	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Labor neumonia. (Durstion) yes mos 3 ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Hunny - Smile	Contributory Secondary (Direction) (Signed) (Signed) (Signed)
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (7)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents) At place of deathyrsmosds, Where was disease contracted,
(Informant) (Address)	Former or usual residence

Registrar Willow Sewell. Words If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

ADDRESS

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locamotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necescupation s " Statement of Occupation Precise statement of oc-Spinner, b (slion mill; (a) Salesman. (b) Gracery; (a) Foreman, (b) Anismabile Judory. The exterial should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know a the kind of work and also (b) the the first line will be sufficient, e.g., Farmor or Planler, definite salary, may be entered as Homerite, Housework, or At Home and children, not gainfully emlaborer, farm thorar Laborer out man, ever the er," ctc worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager." "Dealstate or upat in at beginning of illness. If retired from gaged in deal tic service for wages, as Serrant, Cook, to report si discally the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write Nanc. or given on account of the DISPARE CAUSING DEATH, Housema is C. applies to each and every person, irrespective of without more precise specification as Day Farm Ubbora Laborar—Coal wind, etc. Womthat fact may be indicated thus; Former from For persons who have no occupation wari us pursuits can be known. rimportant, so that the relative healthoccupations a If the occupation has been changed more precise specification as Day single word or term on The ques-

Statement of Cause of Death—Name, first, the bise in the incomment of Cause of Death—Name, first, the bise in the incomment of the came accept the definition, using always the came accept the definition, in the same disease. Examples: Carcino panet for the came accept the definition is a supplication of the came acceptance of the came acceptance

stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc., "Dropsy," "E.:haustion," "Heart failure," "Haemorrhage," causing Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"E.:haustion," atic), "Atrophy," "Collapse," "Coma," "Convulsions, "PUERPERAL septicaemia," "PUERPERAL persionilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inenition," "Marasmus, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valuat heart (Recommendations on statement of cause of death approved by Committee on Nomenclature of the totanna may be stated under the head of "contributory." as fracture of skull, and consequences e.g., sepsis, curbolic acid-probably smeide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by radiuay trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-(secondary American Medical Association. perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be " "Old Age, " "Shock," disease; M'custes; " etc.

ahswered in detail, it will prevent further correspondence. All the data is conential and must be obtained before the certificate is parmarently filed.

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class properl of certif PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE WIDOWED OR DIVORCED (Write the word) may 6 DATE OF BIRTH instructions (Month) (Day) (Year) IIf LESS than 7 AGE 8 OCCUPATION (a) Trade, profession or particular kind of work 62 (b) General nature of industry d business, or establishment in _ Importa which employed or (employer) be car 9 BIRTHPLACE (State or country) 10 NAME OF OD FATHER 31 0 0 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME state CCU2/ 13 BIRTHPLACE OF MOTHER (State or Country) 00 should ent of ement Z If more banks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospital or Institution, give its NAME it stead of street and number.) 16 DATE OF DEATH (Year).... 17 that I last saw h _____alive on _____, The CAUSE OF DEATH * was as follows: ..(Durstion)yrs.....mos... Contributory Secondary (Signed)... *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the At place State yrs mos of death _____yrs.____mos.___ds. Where was disease contracted. if not at place of dea.h?.... usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Browns, Parkers Creek

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus Farmer (reor given up on account of the DISEASE CAUSING DEATH en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, household only (not paid Housekeepers who receive a report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile fuctory. The material For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day Locomotive engineer,

Streement of Cause of Death—Name, first, the Drs. EACH (CAUSENG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrogunal fever (the only definite synonym is "Epidemic cerebros; inai meningitis"); Duphlieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n:ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Enhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condicough; 'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARY PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No classified (If death occurred in a hospital or institustead of street and mumber.) MEDICAL CERTIF PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, 3 SEX MARRIED. back WIDOWED (Day) (Month) OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH ms so tha (Month) (Day) (Year) and that death occurred on the date athred arbon 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day hrs. 8 OCCUPATION (a) Trade, profession or particular kind of work..... (b) General nature of industry (Duration)yrs.....mos..... business, or establishment in H in which employed or (employer)..... Contributory Secondary 9 BIRTHPLACE (State or country) (Duration).....yre.....mos..... E M MARGIN 10 NAME OF FATHER 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal, OF FATHER REN (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transd state ients, or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death yrs mos da. (State or country) Where was disease contracted, if not at place of death?.... Former or (0) usual residence. (Informant) DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS U more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requestion V. S. No. 1.

REVISED UNITED STATES STANDARD ERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it L. ture of the business or industry, and therefore an grry to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The guescupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, House. on at home, who are engaged in the duties of the Spinner, (5) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) gazed in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occ. pations of persons enployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., (a) Foreman, (b) Automobile factory. The material state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH whatever, write None. tired 6 yrs.). For persons who have no occupation lusiness, that fact may be indicated thus: Farmer (re Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification us Day

to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro" ed term for the same disease. Examples: Ccrebrospinal Lobar pneumonia, Bronchopneumonia ("Pneumonia." Stavement of Cause of Death-Name, first, the bis

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once. All the data is essential and the certificate is permanently filed.

tions answered in detail, it will prevent further correspond-

All the data is essential and must be obtained before

ment of cause of death approved by Committee on Nomenclature of the American Medical Association.) conditions, such as "Asthenia," causing death), 29 ds.; Bronchopneumonia (second-unqualified, is indefinite); Tuberculosis of lungs, mensymptomatie), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; head of "contributory." diseases resulting from childbirth or miscarriage as rhage," "Inaultion," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under "PUERPERAL septicaemia," "PUERPERAL peritonitie," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorquences (e. g., sepris, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse Poisoned by carbolic acid-probably sutcide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. vulsions," If this certificate is looked over thoroughly and all ques-FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-"Anaemia" (merely not be

STATE OF MARY PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No.----...... Ward) (If death occurred in a hospital or institu-MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SEX 4 COLOR OR RACE | 5 SINGLE, OR DIVORCED I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) (Year) and that death occurred on the date stated above, at . 7 . . . 7 AGE If LESS than The CAUSE OF DEATH A was as follows: I day hrs. 8 OCCUPATION (1) Trade, profession or particular kind of work...... (b) General nature of industry business, or establishment in which employed or (employer)..... Centributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) (Address). 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. OF FATHER 之山 (State or country) œ 12 MAIDEN NAME 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. ... da. State,yrs.....mos. (State or country) Where was disease contracted, if not at place of death?..... Former or usual residence. DATE OF BURIAL 20 UNDERTAKER ADDRESS T more blanks are needed, address State Registrar, 16 W. Saratoga St., Ralto., Requestive V. S No. L

(Approved by U. S. Census and American Public Health Association.)

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Stacement of Cause of Death—Name, first, the prise causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic corebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."): Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

head of quences ture of train-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Iuanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia." ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Mcustes; Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menvulsious." (secondary or intercurrent) affection need not be Nomenclature of the American Medical Association.) Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY the iujury, as fracture of skull, and conse-"contributory." (e. g., sepsis, totanus) may be stated under the cause of death approved by Committee on "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-"Anaemia" "Coma," "Con-"Haemor-(disease (second-(merely etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N	item of infor-	should state	of OCCUPA-	
	RECORD. Every	Y. PHYSICIANS	Exact statement	
מוניות היות היות	IS A PERMANENT	tated EXACTL	roperly classified.	ertificate.
DISTRICT TO THE PROPERTY VIDALITY	B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	B	E) C	H

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01467
1. PLACE OF DEATH	108)
County Calvat	Registration Dist. No.
Village or City Proce tredenes	NoSt., Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U. S. if of foreign birth?yrsmos ds.
2. FULL NAME Lova O injunia Al	affrag
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARMEN, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Yaar)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of	22. I HAREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Of 4 1903	I last saw hele alive on FG 6 ,197 ; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.40P m.
28 H 4 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Loruslus SAWYER, BOOKKEEPER, etc.	Tolar premionis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oats deceased last worked at this occupation (month and	
10. Oate deceased last worked at this occupation (month and year) spart in this occupation.	
12. BIRTHPLACE (city or town)	Other Coatributory Causes of importance:
(State or country)	Carline decompasition
13. NAME & W Juill	
14. BIRTHPLACE (city or town)	Nama of operation Data of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT James Smith	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Oate 1, 1937	- Nature of injury
19. UNDERTAKER When Hancing (Address)	24. Was disease or injury in any way related to occupation of decaased?
20. FILEO FLET 7 , 19. B 2 & M. King Registrar.	(Signed) The Way M. D.
If more blanks are needed address State Registrar	2471 N. Charles Street Bellimore Requesting 9) S. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The state of the s	14		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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No.
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OCCUPA	1. PLACE OF DEATH 4	CERTIFICATE OF DEATH
2	County alvert	Registration Dist. No.
0 to	Village or City Cedar Hill	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Ħ /	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth? yrs. mos. d
eme	2. FULL NAME John Samuel 2	The state of the s
statement	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
	5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attanded decaesed from
te.	6. DATE OF BIRTH (month, day, and year) May 7, 1929	I last saw h alive on 19 death is sa
certificate.	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at D — — — — — — — — — — — — — — — — — —
erti	C 9 0 or min.	were es follows:
0 10	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	Vincent Cufus
	Industry or business in which	
Dack	work was dona, as SILK MILL. SAW MILL, BANK, etc	
uo	Oate deceased last worked at this occupation (month and spent in this	
ellouva trelli	year) occupation	Other Contributory Causes of importunes:
	12. BIRTHPLACE (city or town)	Mennyiles
-	(State or country)	
	13. NAME 13. NAME 14. BIRTHERACE (city or town) 14. BIRTHERACE (city or town)	
	14. BIRTHPLACE (city or town)	Name of operation
1-	(State of country)	What test confirmed diagnosis? Was there an autopsy?
	15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
	15. MAIDEN NAME Sta Mackell 16. BIRTHPLACE (city or town) Mg (State or country)	Accident, suicida, or homicida? Data of injury, [9
	(Stata or country)	Whera did Injury occur? (Specify city or town, county and State)
	17. INFORMANT	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
	(Address)/ 18. BURIAL, CREMATION, OR REMOVAL 7-	Manage of interest
	Place Tunting Creek Oats 13 193 2	Manner of injury
	on by	Nature of injury
	19. UNDERTAKER AND HERSEL	24. Was diseasa or injury in any way related to occupation of deceased?
3	22 071 5	(Signed) Augh Warf
	20. FILEO / / Registrar.	(Address) Lanus Will
-	4	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dale of onsel
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
THE AU V.S.	À		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDRESS

BINDIN

FOR

RESERVED

MARGIN

8. No.

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Every item of information should be carefully supplied. ACE should be stated EXACTLY, P CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classifled. statement of OCCUPATION is very important. See instructions on back of certificate. RECORD

PERMA A S WITH UNFADING INK--THIS WRITE

PLACE OF DEATH County Calvert	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 5
Village or City adelugio. 2FULL NAME Lill born	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2/6/1932 (Month) (Day) (Year)
6 DATE OF BIRTH . 7 6 6 , 1932	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE If LESS than day hrs. ds. or min.	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration)
10 NAME OF FATHER Ses Parker. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME Horone Willey.	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfers or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos. ds, State yrs mos. ds, Where was disease contracted, if not at place of death?
(Informant) Horing Willief. (Address) Adeling	19 Prage of Burial OR REMOVAL SATE OF BURIAL UNDER STORY OF BURIAL OR REMOVAL 19 Prage of Burial OR REMOVAL

If more blanks are needed, addre s State Registrar, 16 W. Saratoga/St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

guged in done tic service for wages, as Seriad, Cook, Howenard, etc. If the occupation has been charged definite safery, may be encourage, not gainfully em-work, or At Home, and children, not gainfully em-placed as 14 chool, at At home. Care should be taken worked on may form part of the second statement. Never return "haborer." "Foreman," "Manager." "Deal-Spinner. should addition... line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know cases, e recial, in industrial employment, it is neces-Civil the first line will be sufficient, e.g., Fermer or Planter, tion applies to each and every capation Statement of Occupation - Precise statement of ocstate or uparion at beginning of illness. If retired from household only mot paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc. Physician whatever write l'one or given up on account of the pissase causing DEATH report specifically the occupations of per ons en-Fore an. he used only when needed. As examples: (a) 3/178 . that fact may be indicated thus; Farmer ire in very important, so that the relative healthwithout more precise specification as Day many occupations a single word or term on various pursuits can be known. (. m :0 ? or. (rtion .b Automobile factory. The material For persons who have no occupation , may be entered as Houserife House Salimary fireman, etc. But in many (a) the kind of work and also (b) the mill; (a) Salesman. Luborer-Coul mi. e, etc. Wom-Architect, person, irrespective of Loco notive The quescuginier, (LOCOLI)

Statement of Cause of Death—Name, first, the pisses East comest death the primary affection with respect to time and causation, using always the rame accept ed term to be same die se Example: Corbro profiferer the only definite synonym is "Epidemic cerebros; inal reminitie": Dishibera avoid use of "Croup"); Typhera for synonymia, Bronchopneumonia Pneumonia,"

atic), "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" stated unless important. Example: Measles (disease use of "Tunior" for malignant neoplasms); as fracture of skull, and consequences (e.g., sepsis, tetranus, may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Exhaustion, causing unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. approved by (Recommendations on statement of cause of as fructure of skull, carbolic acid-probably sucide. The n-ture of the injury, accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was can be ascertained as the cause. tions, such as "Asthenia," "Anaenia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia secondary), FOR VIOLENT DEATHS State MEANS OF INJURY ("Congenital," "Senile," etc. . "Dropsy, on," "Heart failure," "Haemorrhage, eough; Committee on Nomenclature wenhritis, etc. The contributory Always qualify all Meusles; underdeath

If this certificate is looked over thoroughly and a queftions lanswered in detail, it will prevent further correspondence. All the vistor is e sential and must be obtained before the certificate is appearancently filed.